

IDAHO ADDRESS CONFIDENTIALITY PROGRAM APPLICATION

Please mail original completed application & checklist to:

IDAHO ADDRESS CONFIDENTIALITY PROGRAM
P. O. Box 1737
Boise, ID 83701-1737

Type of application:
☐ New

☐ Reinstatement

☐ Renewal

APPLICANT'S LEGAL NAME (First, Middle, Last) and Aliases

DATE OF BIRTH (mm/dd/yyyy)

 Has applicant participated in a confidential address program in another state? ☐ NO

☐ YES What State? _____

Minors/Incapacitated Persons Names (First, Middle, Last)

**Last 4 digits of
Social Security #**
Birth Date
Relationship to applicant

1.

2.

3.

4.

5.

NOTE: Adult co-applicants must complete and sign a separate application and checklist.

RESIDENCE ADDRESS AND TELEPHONE NUMBER (NOT TO BE DISCLOSED) where you may be contacted:

Street Address _____ Apt # _____

City _____ ID ZIP + 4 _____ County _____

TELEPHONE #1 (circle one) home/work/cell
()

TELEPHONE #2 (circle one) home/work/cell
()

TELEPHONE #3 other
()

MAIL-FORWARDING ADDRESS (NOT TO BE DISCLOSED), IF DIFFERENT FROM ABOVE:

Street Address _____ Apt # _____

City _____ ID ZIP + 4 _____ County _____

- I am a victim of domestic violence, sexual assault, or stalking and fear for my safety and/or the safety of my child or individual for whom I am a guardian.
- I believe that disclosure of my actual address would endanger my safety or the safety of my child/household members.
- By enrolling in the Idaho Address Confidentiality Program, I knowingly and voluntarily designate the Secretary of State as agent for purposes of service of process and receipt of first-class, certified, or registered mail.
- I also release and waive all future claims against the State for any claim that may arise from participation in the program except for a claim based on gross negligence.
- I now live at location unknown to the abuser.
- I have received and do understand the ACP "Checklist of Understanding" which is part of this application.
- I understand that knowingly providing the ACP with false or incorrect information may jeopardize my participation in the program.
- I solemnly swear or affirm that to the best of my knowledge all of the information contained in this application is true.

Signature of Applicant or Parent/Guardian

Date

Please print your name here

The following evidence is proof that the applicant is a victim of domestic violence, sexual assault or stalking (check as applicable):

_____ court order of protection;

_____ certification from a prosecutor stating that the individual is the victim of a crime in which the defendant has been charged pursuant to section 18-918, 18-1506, 18-1508, 18-1508A, 18-6101, 18-7905 or 18-7906, Idaho Code, or in which the defendant is charged with attempt to commit any of the foregoing crimes.

Is there any existing court order or pending court action involving the applicant and related to divorce proceedings, child support, child custody, or child visitation? _____ Yes _____ No

If yes, state the court that issued the order or has jurisdiction over the action:

For Office of the Secretary of State Use Only:

